

FILED FEB 12 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1591

State File No.

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>163</u>		PRIMARY REG. DIST. NO. <u>25-93</u>		Registrar's No. <u>6</u>	
1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bollinger</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Platin</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hi-way 61-67 Jet Valles mines</u>				d. STREET ADDRESS (If rural, give location) <u>Marquand Rte 1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sarah</u> b. (Middle) <u>Lacy</u> c. (Last) <u>Jones</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 28-1951</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>May 23 1888</u>	
9. AGE (In years last birthday) <u>62</u>		10. MONTH <u>8</u>		11. DAY <u>5</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY			
11. BIRTHPLACE (State or foreign country) <u>Bollinger County, Mo.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Wm Kitchens</u>				13b. MOTHER'S MAIDEN NAME <u>Sarah Caroline Zimmerman</u>			
14. NAME OF HUSBAND OR WIFE <u>Wm Jones</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			
16. SOCIAL SECURITY NO. <u>NO</u>				17. INFORMANT'S SIGNATURE OR NAME <u>Treman Martin</u> ADDRESS <u>214 Lafayette St. St. Louis, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>By Accident</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Callus</u> DUE TO (c) <u>Skull Fracture</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION <u>D50</u>			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				INTERVAL BETWEEN ONSET AND DEATH <u>68161</u> <u>26</u>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Jefferson County 11-18-51</u>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Platin Jefferson Mo</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>1 28 51 3:00 PM</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Accident - Auto & Truck</u>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. Matthews Cronen</u>				23b. ADDRESS <u>Festus, Mo</u>		23c. DATE SIGNED <u>1/29/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-31-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Valley</u>		24d. LOCATION (City, town, or county) (State) <u>Marquand Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2-23-51</u>		REGISTRAR'S SIGNATURE <u>Marie Farnum</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Baker Funeral Home</u> ADDRESS <u>Lutesville Mo.</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 6 1951

FEB 19 1951

NOV 2 1950

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED 2-3-51

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Eleana Province

Licensed Embalmer No. 3403

P. O. Address Festus, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.